



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME(Last)		(First)	(Middle)	TELEPHONE
Michael P. Leach				941-0556
MAILING ADDRESS (Street)				FAX
1654 S. King St.				945-0019
(City)		(State)		(Zip Code)
Honolulu, HI		96826		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
MAILING ADDRESS (Street)				FAX
(City)		(State)		(Zip Code)

PART II ORGANIZATION				
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE	
Hawaii Credit Union League			941-0556	
MAILING ADDRESS (Street)			FAX	
1654 S. King St.			945-0019	
(City)		(State)		(Zip Code)
Honolulu, HI		96826		
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE	
Dorie Fitchett			941-0556	
MAILING ADDRESS (Street)			FAX	
1654 S. King St.			945-0019	
(City)		(State)		(Zip Code)
Honolulu, HI		96826		

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

Human Services

Science, Technology &
Economic DevelopmentCommunications &
Public UtilitiesGovernment Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

XX Consumer Protection &
Commerce

Hawaiian Affairs

Labor & Employment

Transportation

Culture, Arts, Historic
Preservation

Health

Planning, Land & Water
Use Management

XX Other: (indicate below)

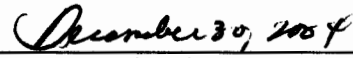
Ecology, Energy
Environmental Protection

XX Housing

Public Safety & Corrections

Financial
Institutions**PART IV CERTIFICATION OF LOBBYIST***I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)



(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Dennis K. Tanimoto

President

NAME OF ORGANIZATION (if applicable)

TELEPHONE

Hawaii Credit Union League

941-0056

MAILING ADDRESS (Street)

FAX

1654 S. King St.

945-0019

(City)

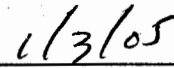
(State)

(Zip Code)

Honolulu, HI 96826

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)



(Date)